

#L140000088876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
6-30-2015

06/22/15--01009--008 **25.00

STATE OF FLORIDA
TALLAHASSEE, FL 32301
2015 JUN 22 PM 12:34

FILED

K. SALLY
EXAMINER
JUN 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Best Homes 4 You, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Axel Blank
Name of Person

Best Homes 4 You, LLC
Firm/Company

4818 SW 1st Court
Address

Cape Coral, FL 33914
City/State and Zip Code

axel.blank@b-automation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Axel Blank at (239) 257-3586
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
6-30-2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 JUN 22 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Best Homes 4 You, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/03/2014 and assigned Florida document number L14000088876.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4818 SW 1st Court

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, FL 33914

Enter new mailing address, if applicable:

4818 SW 1st Court

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, FL 33914

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Claudia Blank

New Registered Office Address:

4818 SW 1st Court

Enter Florida street address

Cape Coral


Florida 33914

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Axel Blank	4818 SW 1st Court	<input type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Thomas Hopf	126 SW 49th Terrace	<input type="checkbox"/> Add
		Cape Coral, FL 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2015 JUN 2 PM 10:35
 STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2015 JUN 22 PM 12:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/30/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/15/2015, Cape Coral

Axel Blank

Signature of a member or authorized representative of a member

Axel Blank

Typed or printed name of signee